



IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Alan S. Broad, et al.
APPLICATION NO.: 10/706,225
FILING DATE: November 11, 2003
TITLE: System and Method for Updating a Network of Remote Sensors
EXAMINER: Not Yet Assigned
GROUP ART UNIT: 2635
ATTY. DKT. NO.: 18856-08278

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: _____

11/15/05

By: _____

Albert C. Smith

Albert C. Smith, Reg. No.: 20,355

COMMISSIONER FOR PATENTS
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STATUS REQUEST

SIR:

Our file for the subject application reveals that there has been no action on this application since the mailing of the Updated Filing Receipt on March 30, 2004.

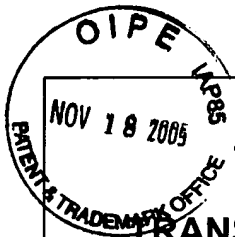
PATENT

Please inform the undersigned, at the below stated address, of the status of
this application.

Respectfully submitted,
ALAN S. BROAD, ET AL.

Dated: 11/15/05

By: A.C. Smith
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TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

| | |
|--|-------------------|
| Application Number | 10/706,225 |
| Filing Date | November 11, 2003 |
| First Named Inventor | Alan S. Broad |
| Group Art Unit Number | 2635 |
| Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | 3 |
| Attorney Docket Number | 18856-08278 |

ENCLOSURES (check all that apply)

| | |
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| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> |
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| <input checked="" type="checkbox"/> Status Request | <input type="checkbox"/> |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | <input type="checkbox"/> |

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

| | | | |
|--------------------|----------------------------------|--------|----------|
| Signature: | | | |
| Attorney/Reg. No.: | Albert C. Smith, Reg. No. 20,355 | Dated: | 11/15/05 |

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| Signature: | | | |
| Typed or Printed Name: | Albert C. Smith | Dated: | 11/15/05 |
| Express Mail Mailing Number (optional): | | | |